Case 24-16239-JKS Doc 102 Filed 12/11/24 Entered 12/11/24 13:33:09 Fill in this information to identify the case: Debtor Name SSME Services LLC __ District of New Jersey United States Bankruptcy Court for the: ____ Check if this is an Case number: 24-16241-JKS amended filing Official Form 425C **Monthly Operating Report for Small Business Under Chapter 11** 12/17 4 - September 2024 10/29/2024 Month: Date report filed: MM / DD / YYYY NAISC code: Line of business: In accordance with title 28, section 1746, of the United States Code, I declare under penalty of perjury that I have examined the following small business monthly operating report and the accompanying attachments and, to the best of my knowledge, these documents are true, correct, and complete. Louis V. Grece+ Responsible party: Original signature of responsible party Louis V. Greco III Printed name of responsible party 1. Questionnaire Answer all questions on behalf of the debtor for the period covered by this report, unless otherwise indicated. N/A Yes No If you answer No to any of the questions in lines 1-9, attach an explanation and label it Exhibit A. V Did the business operate during the entire reporting period? 1 V Do you plan to continue to operate the business next month? 2. V 3. Have you paid all of your bills on time? V 4. Did you pay your employees on time? V Have you deposited all the receipts for your business into debtor in possession (DIP) accounts? V Have you timely filed your tax returns and paid all of your taxes? 6. M 7. Have you timely filed all other required government filings? V Are you current on your quarterly fee payments to the U.S. Trustee or Bankruptcy Administrator? V Have you timely paid all of your insurance premiums? If you answer Yes to any of the questions in lines 10-18, attach an explanation and label it Exhibit B. V 10. Do you have any bank accounts open other than the DIP accounts? V 11. Have you sold any assets other than inventory? V 12. Have you sold or transferred any assets or provided services to anyone related to the DIP in any way? V 13. Did any insurance company cancel your policy? V 14. Did you have any unusual or significant unanticipated expenses? M 15. Have you borrowed money from anyone or has anyone made any payments on your behalf? 図 16. Has anyone made an investment in your business?

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(5) (5) (5)	24.	Total payables		\$_	0	.00
(EXNIDIT E)		(Exhibit E)				

Debtor Name SSME Services LLC

Case number 24-16241-JKS

4. Money Owed to You

Attach a list of all amounts owed to you by your customers for work you have done or merchandise you have sold. Include amounts owed to you both before, and after you filed bankruptcy. Label it *Exhibit F*. Identify who owes you money, how much is owed, and when payment is due. Report the total from *Exhibit F* here.

25. Total receivables \$ 0.00

(Exhibit F)

5. Employees	5.	Em	plo	yees
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- 26. What was the number of employees when the case was filed?
- 27. What is the number of employees as of the date of this monthly report?

6. Professional Fees

28. How much have you paid this month in professional fees related to this bankruptcy case?	\$	00
29. How much have you paid in professional fees related to this bankruptcy case since the case was filed?	\$0.0	00
30. How much have you paid this month in other professional fees?	\$0.0	00
31. How much have you paid in total other professional fees since filing the case?	\$0.0	00

7. Projections

Compare your actual cash receipts and disbursements to what you projected in the previous month. Projected figures in the first month should match those provided at the initial debtor interview, if any.

	Column A Projected	_	Column B Actual	=	Column C Difference
	Copy lines 35-37 from the previous month's report.		Copy lines 20-22 of this report.		Subtract Column B from Column A.
32. Cash receipts	\$	-	\$	=	\$0.00
33. Cash disbursements	\$	_	\$	=	\$
34. Net cash flow	\$	-	\$	=	\$

- 35. Total projected cash receipts for the next month:
- 36. Total projected cash disbursements for the next month:
- 37. Total projected net cash flow for the next month:

\$_____0.00

0

0

- \$ ____0.00

= \$ 0.00

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Debtor Name	SSME Services	LLC

Case number 24-16241-JKS

8.	Additional	Information
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If a	/ailal	ble, check the box to the left and attach copies of the following documents.
	38.	Bank statements for each open account (redact all but the last 4 digits of account numbers).
	39.	Bank reconciliation reports for each account.
	40.	Financial reports such as an income statement (profit & loss) and/or balance sheet.
	41.	Budget, projection, or forecast reports.
	42.	Project, job costing, or work-in-progress reports.